Entered - 01/28/00 - sb CL00L0043 - DIANNE C. MITCHELL 00-R-1743

CLAIM OF: CAROLYN ANDREWS

4702 Edwina Lane Atlanta, Georgia 30331

For damages alleged to have been sustained as a result of vehicular damage due to road construction on December 17, 1999 on Barge Road.

THIS ADVERSED REPORT IS APPROVED

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>00L0043</u>	Date: <u>October 17, 2000</u>
Claimant /Victim CAROLYN ANDREWS	
BY: (Atty) (Ins. Co.)	
BY: (Atty) (Ins. Co.) Address: 4702 Edwina Lane, Atlanta, Georgia 30331	
Subrogation: Claim for Property damage \$ 90.94	Bodily Injury \$
Date of Notice: 12/29/99 Method: Written, proper_	X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X	Ante Litem (6 Mo.) X
Date of Occurrence 12/17/99 Place: Barge Re	oad
Department Division:	×××
Department Division: Disciplinar	y Action:
NATURE OF CLAIM: The claimant alleges she damage her vehicled determined that United Water Services Atlanta was responsible for the forwarded this claim for payment by its subcontractor, Thrasher.	e road cut. United Water Services Atlanta has
INVESTIGATION:	
Statements: City employee Claimant Others	Written Oral
Pictures Diagrams Reports: Police Diagrams Reports: Police Diagrams Diagrams Reports: Police Diagrams Reports	Dent Report Other
Traffic citations issued: City Driver Claimant	Driver
Citation disposition: City Driver Claimant I	Driver
Charlon disposition. City Dirver	511VC1
BASIS OF RECOMMENDATION:	
Function: Governmental Ministerial Improper Notice More than Six Months City not involved X Offer rejected	
Improper Notice More than Six Months Other	Damages reasonable
City not involved X Offer rejected	Compromise settlement
Repair/replacement by Ins. Co. Repair/rep	placement by City Forces
Claimant Negligent City Negligent Joint	Claim Abandoned
	. ****
Respect	fully submitted.
INVEST	TIGATOR - DIÀNNE C. MITCHELL
RECOMMENDATION:	
Pay \$ Adverso X Account charge	ged: 1A01 2J01 2H01
	cur/date /0-/3-00
	ction
FORM 23-61	

REC IVED DEC 2 9 1999

JOY daw

RE: CLAIM FOR DAMAGES 1/2/6/00

Today's Date: 0/-2/-2/00

(Home Number)

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK

City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335

ENTERED - 1-28-00 - SB 00L0043 - DOBBS JORDAN

Dear Municipal Clerk:

	is is to notify the City of Atlanta that I have suffered damages in the			property		
١.	Date of incident: (month/day/year) 2. Time of Inc	cident: 6AM	Yes	No No		
4.	Location of incident (including street address):	KY Sa	with West	A+(Aus		
5.	Name of your insurance company: Trauelos		Policy No. 92/59	6055 K		
6.	State what and how incident occurred: Porthole	IN BOAD	without			
	Warning and no safety	devices				
7.	ALL ESTIMATES AND DAMAGES ARE SUBJECT TO IN RESULT IN YOUR CLAIM BEING DENIED AND MAY RES			AIMS WILL		
8.	The registered owner must make the claim for vehicle damages, proof of ownership of your vehicle (copy of the current tag receipt		g and attach two (2) estimates	of repair and		
		7 NEZ g Number)	(Driver's Name)	recus		
	City vehicle:		5			
	(Make) (City Driver's Name	e)	(Department/Bureau)			
9.	Witness: (Name) (Address)		(Telephone Number)			
10.). The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).					
11.	This claim should be mailed immediately to the address shown above.					
	I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.	CAROL (Pr	in Claimant's Name)	15		
	(aulen Where	4702 2	EdWINA LAN	۲		
	Signature of Claimant	AHLANT	(Address)	3 /		
	00 4 4740	(City	, State and Zip Code)	a ·		
	00- <i>Q</i> -1743		404/34	7-0032		

(Work Number)